

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS		Application Number	Appl. No. 10/003,345																
		Filing Date	December 6, 2001																
		First Named Inventor	Jang Geun OH																
		Art Unit	2116																
		Examiner Name	A. I. ELAMIN																
		Attorney Docket Number	2743-0245PUS1																
<p>I hereby revoke all previous powers of attorney given in the above-identified application.</p> <p><input type="checkbox"/> A Power of Attorney is submitted herewith.</p> <p>OR</p> <p><input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: 02292</p> <p><input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to:</p> <p><input checked="" type="checkbox"/> The address associated with Customer Number: 02292</p> <p>OR</p> <p><input type="checkbox"/> Firm or Individual Name </p> <table border="1"> <tr> <td>Address</td> <td colspan="3"></td> </tr> <tr> <td>City</td> <td colspan="3"></td> </tr> <tr> <td>Country</td> <td>State</td> <td>Zip</td> <td></td> </tr> <tr> <td>Telephone</td> <td>Email</td> <td colspan="2"></td> </tr> </table> <p>I am the:</p> <p><input type="checkbox"/> Applicant/Inventor.</p> <p><input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</i></p>				Address				City				Country	State	Zip		Telephone	Email		
Address																			
City																			
Country	State	Zip																	
Telephone	Email																		
SIGNATURE of Applicant or Assignee of Record																			
Signature																			
Name	Jin-suk Lee, LG Electronics Inc.																		
Date	JUN. 13 . 2008	Telephone	82-31-616-5048																
<small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</small>																			
<input type="checkbox"/>	*Total of <u>1</u> forms are submitted.																		